

MDR Tracking Number: M5-04-3603-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on June 24, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the Order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The work hardening rendered from 8/11/03 through 9/4/03 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the work hardening program.

## ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 8/11/03 through 9/4/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8<sup>th</sup> day of October 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

## NOTICE OF INDEPENDENT REVIEW DECISION

September 16, 2004

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-04-3603-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

The documentation reflects that the claimant, a 34 year-old male, was allegedly injured as the result of an on-the-job incident on or about \_\_\_\_\_. The history reveals that the claimant was bending down to pick up an object and felt sharp pain and popping in his right knee. He presented to the office of the attending provider on 04/10/03 with right knee pain of an intensity of 4 to 8 on a 10-point scale. Active care was employed beginning on 05/28/03 and arthroscopic surgery was performed on 06/17/03 to repair a torn meniscus. Work hardening was initiated on 08/04/03.

### Requested Service(s)

Work hardening program for dates of service 08/11/03 through 09/04/03

### Decision

It is determined that a work hardening program was medically necessary to treat this patient's medical condition from 08/11/03 through 09/04/03.

### Rationale/Basis for Decision

The claimant underwent arthroscopic surgery on 06/17/03 to repair an internal derangement of the right knee. He presented for a functional capacity evaluation (FCE) on 08/04/03 that showed that he was not performing at his required physical demand level (PDL) of heavy, but rather tested at a medium PDL. Outcome assessments revealed moderate disabilities and functional deficits. A psychological assessment indicated that he was exhibiting significant psychosocial issues that were opined to be a threat to his recovery. Given the fact that his status was post surgical and given the results of the FCE outlined above, the claimant was a viable candidate for the work hardening program.

Retrospectively, an interim FCE dated 09/05/03 revealed that the claimant responded positively to the work hardening program. His lifting capacity as well as his PDL increased significantly. Similarly, outcome assessments reflected significant improvement as well.

Given the claimant's status and FCE results, as well as the revelation of significant therapeutic benefit from participation in the program, the work hardening program from 08/11/03 through 09/04/03 is certified as medically necessary to treat this patient's medical condition.

Sincerely,